

HIPAA Notice of Privacy Practices

Effective April 14, 2003



This notice describes how medical information about you may be used and disclosed by King County and how you can get access to this information.

Please review both pages of this notice carefully. If you have any questions, contact Benefits and Retirement Operations at 206-684-1556 or kc.benefits@metrokc.gov. For a copy of this notice, go to www.metrokc.gov/employees/benefits.

Our Obligations

We treat all personal information you provide us to administer your health benefits as confidential and, under the Health Insurance Portability and Accountability Act (HIPAA), we must:

- Maintain the privacy of any protected health information (personally identifiable medical information) you provide us when you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, except as indicated below.
- Provide you with this notice advising you how we handle your protected health information and informing you of our legal obligations and your rights regarding the information.
- Follow the terms of this notice effective April 14, 2003.

How We May Use and Disclose Protected Health Information

When you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, you provide us with confidential information such as your name and Social Security number. Sometimes, when you ask for our assistance with a claim, you may also provide us with details about the health treatments you've received and payments for services you've made. This information becomes protected health information when used and disclosed in the transactions required to manage our health care operations (administer your health benefits) and facilitate payment of health claims.

Pursuant to this notice, we may use and disclose this protected health information to:

- Our employees authorized to assist in the administration of county benefit plans
- Representatives of the plans or any third party administrators with whom we have agreements to provide your benefit services.

Additionally, we may use or disclose protected health information as follows:

- To the extent required by law
- For purposes of worker's compensation or similar programs
- When necessary to prevent a serious threat to the health and safety of you or the public or to respond to a disaster
- To report suspected abuse or neglect as required by law
- For law enforcement purposes as required or allowed by law
- For specialized governmental functions including to correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others
- To researchers, provided measures are taken to protect your privacy

Call 206-684-1556 for alternate formats.

- To business associates who provide services to us and assure us that they will protect the information from any unauthorized use or disclosure
- To a coroner, medical examiner or funeral director consistent with applicable state law as necessary to carry out their duties with respect to the decedent
- For public health and safety purposes as allowed or required by law including to public health authorities charged with preventing or controlling disease
- In the course of judicial/administrative proceedings in response to a court order or other lawful process
- To an oversight agency that is conducting an investigation of us as authorized by law.

For all the reasons explained above, we may use and disclose your personal health information without your written authorization. In all other cases, your written authorization is required.

Your Rights

For any protected health information provided to and maintained by us, you have the right to:

- Inspect and copy it
- Request amendments to it if it's incorrect or incomplete (we may deny amendment requests for specific reasons; for example, we deny requests to amend information we didn't create)
- Request to know to whom it's been disclosed for disclosures made after April 14, 2003 (the effective date of this notice)
- Request restrictions on what is disclosed and to whom (we try to honor restriction requests, but are not required to do so)
- Request it be communicated to you in a certain way (for instance, that we only contact you by mail or at work; we try to honor these requests, but are not required to do so).

You also have the right to cancel prior authorizations to use or disclose protected health information by providing us with written notice. Finally, you also have the right to receive a paper copy of this notice upon request.

To exercise any of these rights, contact us in writing. Mail your request to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598, or e-mail it to kc.benefits@metrokc.gov.

Changes to Our Privacy Practices

We reserve the right to change our privacy practices and to apply the new practices to protected health information we already have, as well as any information we receive in the future. We will notify you if we make changes and when the changes become effective.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing with Benefits and Retirement Operations or the Secretary of the U.S. Department of Health and Human Services. You won't be penalized for filing a complaint.

To file a complaint with Benefits and Retirement Operations, mail it to Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598, or e-mail it to kc.benefits@metrokc.gov.